

00- R-2021

Entered - 10/09/00 - sb
CL00L0601 - DIANNE C. MITCHELL

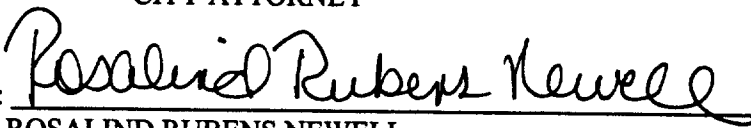
CLAIM OF: **ALLSTATE INSURANCE COMPANY AS SUBROGEE
OF CHAMEEKA MONTGOMERY**
P. O. Box 227257
Dallas, Texas 7522-7257

For damages alleged to have been sustained as a result of a vehicular accident on July 15, 2000 at 3346 Martin Luther King, Jr. Drive.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **ALLSTATE INSURANCE COMPANY AS SUBROGEE OF CHAMEEKA MONTGOMERY** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on July 15, 2000 at 3346 Martin Luther King, Jr. Drive as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

C-4

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0601

Date: November 30, 2000

Claimant/Victim ALLSTATE INSURANCE COMPANY AS SUBROGEE OF CHAMEEKA MONTGOMERY

BY: (Atty)(Ins. Co.)

Address: P. O. Box 227257, Dallas, Texas 75222-7257

Subrogation: X Claim for Property damage \$ 3,101.85 Bodily Injury \$

Date of Notice: 10/09/00 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/15/00 Place: 3346 Martin Luther King, Jr. Drive

Department Police Division:

Employee involved Penny Latrice Griggs Disciplinary Action: Pending

NATURE OF CLAIM: The driver of the City vehicle failed to yield right-of-way while attempting a left turn and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police X Dept Report Other

Traffic citations issued: City Driver X Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

Improper Notice More than Six Months Other Damages reasonable

City not involved Offer rejected Compromise settlement X

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ \$2,000.00 Adverse Account charged: 1A01 X 2J01 2H01

Claims Manager:  Concur/date 11-30-00

Committee Action: Council Action

FORM 23-61

00-R-2021

Allstate[®]

Mitchell
10/09/00

ALLSTATE INDEMNITY COMPANY
P.O. BOX 168288
IRVING TX 75016

09/23/00

(800) 374-4246

ENTERED - 10-9-00 - SB
00LO601 - DIANNE MITCHELL

CITY OF ATLANTA, DIANNE MITCHELL
68 MITCHELL ST SW, #
ATLANTA GA 30335

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE
FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER,
THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS
RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM.
PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX, 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP
OF THIS LETTER.

SINCERELY,

CUSTOMER SERVICE

ALLSTATE INDEMNITY COMPANY

CBP:G

YOUR FILE NO. : 00LO489
YOUR INSURED : ATLANTA POLICE DEPT
ADDRESS : 175 DECATUR STREET
ATLANTA GA 30335

OUR CLAIM NO. : 4095314227 FY5
OUR INSURED : CHAMEEKA MONTGOMERY
LOSS DATE : 07/15/00

LOCATION :
MLK DR NEAR FAIRBURN RD ATLANTA GA

AMOUNT OF LOSS: \$3,101.85